

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

April 7, 2017

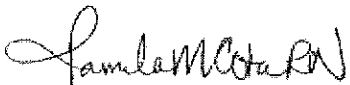
Mr. Dane Rank, Manager
Thompson Residential Home
80 Maple Street
Brattleboro, VT 05301

Dear Mr. Rank:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on March 1, 2017. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



APR 03 2017

PRINTED: 03/21/2017
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0158	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/01/2017
NAME OF PROVIDER OR SUPPLIER THOMPSON RESIDENTIAL HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 80 MAPLE STREET BRATTLEBORO, VT 05301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(R100)	Initial Comments: An announced on-site second follow up survey was conducted by the Division of Licensing and Protection on 3/1/17, to insure that citations of non-compliance with State Regulations found on 2/8/17 regarding medication management were corrected. While the facility was found to be in substantial compliance, the following issues were identified that require correction.	(R100)		
(R161) SS=B	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that the manager of the house was responsible for all medications according to the home's policies that designated staff is fully trained in the policies and procedures. Findings include: During review of the education provided to non-licensed, medication administration staff on 3/1/17, the facility provided evidence of education being provided and a test, with a passing grade, was taken by the three (3) staff members that the facility have deemed as being able to administer medications. There is no evidence that the facility then monitored or evaluated the abilities of the staff in regards to administration of medications. Per interview with the house	(R161)	All MAT staff have been instructed, monitored, and evaluated for proficiency in medication administration and process. A record of this process will be maintained by the Residential Care RN. Staff will be reviewed annually and as needed for competency by an RN. Any training concerns in between that time that need to be addressed by the RN will be completed and a record of the training will be added to the education record maintained by the RN. Staff training will be monitored by audit at least yearly, and completed as needed and reviewed yearly in annual review. Reports of the audits will be given to the Manager for follow-up.	03/06/17 03/06/17 03/24/17 03/24/17

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6329

ISSN13

If continuation sheet 1 of 3

R161 - R165 POCs accepted 4/6/17 BB/ACRN/PMU

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{R161}	Continued From page 1 manager at 1:35 pm, h/she stated that it had been discussed with the Registered Nurse and a plan was put into place and s/he stated that it was ultimately his/her responsibility to insure that it was completed and there is no evidence that it has been completed according to the Plan of Correction dated 2/11/17.	{R161}		
{R165} SS=B	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that unlicensed staff,	{R165}	All MAT staff have been instructed, monitored, and evaluated for proficiency in medication administration and process. Staff will be reviewed annually and as needed for competency by an RN. Resident condition will be passed on in report. Any concerns that need an RN will be addressed by RN on call. Changes in condition will be communicated to the RN. Staff training will be monitored by audit at least yearly, and completed as needed and reviewed yearly in annual review. Reports of the audit will be given to the Manager for follow-up.	03/06/17 03/16/17 03/16/17 03/24/17 03/24/17

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(R165)	Continued From page 2 assigned to administer medication, received monitoring and evaluation in carrying out the nurse's instructions. Findings include: During staff interviews and record review of the education provided to non-licensed medication administration staff on 3/1/17, the facility failed to provide evidence that the three (3) staff members the facility have deemed as being able to administer medications have been monitored or evaluated by the Registered Nurse (RN) in regards to administration of medications. At 1:11 PM, the RN confirmed that education was provided for the staff that has been designated to administer medications, but s/he has not completed evaluations or followed the staff to observe for proficiency in the administration of medications. At 1:34 PM, one of the medication delegated staff members stated that s/he had been provided education, but no one had observed a medication pass or competency evaluation with her. The house manager stated at 1:35 PM, that s/he had assumed that the competency evaluations had been completed per the Plan of Correction dated 2/11/17. S/he further stated at this time that s/he was responsible to insure that it was done and there is no evidence or documentation that the staff has been evaluated per the Plan of Correction.	(R165)	